



FLAG REQUEST FORM
Congressman Bob Menendez
New Jersey - 13th District

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of Requestor: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email (if available): _____

Send flag to (if not being sent to your address):

_____ I would like the flag flown over the Capitol on the following date: **Please note that we will request your specific date but cannot guarantee it will be flown on that day.***

Month: _____ Day: _____ Year: _____

_____ Date does not matter _____ I do not want the flag flown over the Capitol

If the flag is being flown for a special occasion, please indicate the wording you would like on the certificate:

(for example: In honor of Bob Smith's 75th birthday)

Flag Type	Flag Cost	Flying Fee	Postage	Quantity	Total
3'x5' nylon	\$9.00	\$4.05	\$3.00		
3'x5' cotton	\$9.25	\$4.05	\$3.00		
4'x6' nylon	\$13.50	\$4.05	\$3.00		
5'x8' nylon	\$18.00	\$4.05	\$3.00		
5'x8' cotton	\$20.00	\$4.05	\$3.00		
				Total:	\$

IMPORTANT: Make your check payable to (Checks only please):
Congressman Menendez's Office Supply Account – #NJ-1330.

Please print this form and mail it along with your check to:

Congressman Bob Menendez
2238 Rayburn HOB
Washington, DC 20515
Attn: FLAG REQUEST

* Please call my Washington office at (202) 225-7919 if you have any questions.